

09/677870

POSITION	INITIALS	ID NO.	DATE
PAT DETERMINATION			
OLP E CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- |       |                   |       |              |
|-------|-------------------|-------|--------------|
| ..... | Amended           | ..... | Re-charged   |
| ..... | Abandoned         | ..... | Interference |
| ..... | (Through counsel) | ..... | Appeal       |
| ..... | Cancelled         | ..... | Opposition   |
| ..... | Restored          | ..... |              |

Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here  
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